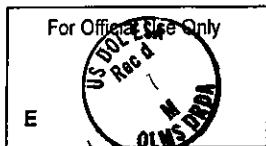


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fine or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9426</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>JOHN T MAHONEY</u> P O Box Bldg Room No if any <u></u> Street <u>4415 W HARRISON ST</u> City <u>HILL SIDE</u> State <u>IL</u> ZIP Code + 4 <u>60162</u>	4 Name file number and address of labor organization Name <u>IBEW LU 9</u> Labor Organization File Number <u>015919</u> P O Box Building and Room Number if any <u>SUITE 330</u> Street <u>4415 W. HARRISON ST</u> City <u>HILL SIDE</u> State <u>IL</u> ZIP Code + 4 <u>60162</u>
5 Position in labor organization <u>ASSISTANT BUSINESS MANAGER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7 a. Nature of Interest, Transaction or Income <u></u> 7 b. Amount <u></u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

8-12-05

Date

708-421 0361

Telephone Number

Name of Person Filing John MAHONEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Kelly Murrell

Trade Name if any Qualified Plans cont Inc

P O Box Bldg Room No if any

Street 3013 S Wolf Rd

City West Chester

State IL ZIP Code + 4 60154

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Line Clearance Benefit Fund

Trade Name if any TIC International

P O Box Bldg Room No if any

Street 6525 Centurion Dr

City LANSING

State MI ZIP Code + 4 48917

11 a Nature of such dealing

HEALTH & WELLFAIR
CONSULTANT

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

XMASS
12-13-04

12 b Amount

APPR \$6000

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

John T. MAHONEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name GOLD BERG, WELSMAN & CAIRO, LTD

Trade Name if any

P O Box Bldg Room No if any 34th FloorStreet ONE EAST WACKER DR. 34th FloorCity CHICAGOState ILL ZIP Code + 4 60601

9 Business deals with



a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IBEW Local 117

Trade Name if any

P O Box Bldg Room No if any 1830Street 4415 W. MADISON STCity HillsideState IL ZIP Code + 4 60192

11 a Nature of such dealing

LAWYER that REPRESENTS
MEMBERS of LABOR ORGANIZATION
ON WORKMAN'S COMP CASES

11 b Approximate dollar value of such dealing.

UNKNOWN

12 a Nature of interest held or income received

LUNCHEON
12-2004

12 b Amount

Est \$35.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing

JOHN T. MAHONEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Gold Bag, W. P. SMITH & LAIRD, LTD

Trade Name if any

P O Box Bldg Room No if any 34th Floor

Street ONE EAST WACKER DR. 34th Floor

City CHICAGO

State ILL ZIP Code + 4 60601

9 Business deals with



a Labor Organization



b Trust



c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IBEW Local 7

Trade Name if any

P O Box Bldg Room No if any 23c

Street 4415 W. North Ave - 5th

City Hillside

State IL ZIP Code + 4 60192

11 a Nature of such dealing

LAWYER THAT REPRESENTS
MEMBERS OF LABOR ORGANIZATION
ON WORKMAN'S COMP CASES

11 b Approximate dollar value of such dealing.

UNKNOWN

12 a Nature of interest held or income received

SPONSORED DINNER AT
ILL ELECTRICAL CONFERENCE
SPRING SESSION 2004

12 b Amount.

EST- 60.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment

Name of Person Filing

John T. MAHONEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Gold Berg, W. P. SMITH & CAIRO, LTD

Trade Name if any

P O Box Bldg Room No if any 34th Floor

Street ONE EAST WACKER DR. 34th Floor

City CHICAGO

State ILL ZIP Code + 4 60601

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name FBFW Local 117

Trade Name if any

P O Box Bldg Room No if any 630

Street 4415 W. MADISON ST

City Hillside

State IL ZIP Code + 4 60192

11 a Nature of such dealing

LAWYER that REPRESENTS
MEMBERS OF LABOR ORGANIZATION
ON WORKMAN'S COMP CASES

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

GOLF AND LUNCHEON
SEPT 2004

12 b Amount

Est 130.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

John T. MAHONEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Robert E. Fitzgerald

Trade Name if any

P O Box Bldg Room No if any

Street 714 W Burlington

City LAGRANGE

State IL ZIP Code + 4 60525

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Robert E. Fitzgerald

Trade Name if any

P O Box Bldg Room No if any

Street 714 W Burlington

City LAGRANGE

State IL ZIP Code + 4 60525

11 a Nature of such dealing

UNION ATTORNEY

11 b Approximate dollar value of such dealing.

30850.73

12 a Nature of interest held or income received

CHRISTMAS GIFT 12/04

12 b Amount

67.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

Name of Person Filing

John T. MAHONEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Middle States Elec Cont ASS.

Trade Name if any

P O Box Bldg Room No if any

Street 245 Fencil LnCity HillsideState ILZIP Code + 4 60162

9 Business deals with

☐ a Labor Organization☐ b Trust☒ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Middle States Elec. Cont ASS.

Trade Name if any

P O Box Bldg Room No if any

Street 245 Fencil LnCity HillsideState ILZIP Code + 4 60162

11 a Nature of such dealing

Middle States CONTRACTORS ASS.

11 b. Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

CHRISTMAS DINNER

12 b Amount.

APPROX 500⁰⁰

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

14 b Amount of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

Name of Person Filing

John T. MAHONEY

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name TED Disabato

Trade Name if any Clark & Asser

P O Box Bldg Room No if any

Street 333 W Wacker

City Chicago

State IL

ZIP Code + 4 60606

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Line Clearance Benefit & Pension Funds

Trade Name if any

P O Box Bldg Room No if any

Street 6525 Centurion Dr

City Lansing

State MI

ZIP Code + 4 48917

11 a Nature of such dealing

Investment Consultant

11 b Approximate dollar value of such dealing

34,500

12 a Nature of interest held or income received

Dinner following Line Clearance Membership Meeting

12 b Amount

35.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐

?

14 b Amount of payment